

UNITED STATES -- PATENT
DECLARATION FOR PATENT APPLICATION

Attorney Docket No.: P-5

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below), or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Apparatus and Method for the Distribution of Consumer Information

the specification of which
(check one)

☒ X is attached hereto.

☐ was filed on _____ as

Application Serial No.: _____,

and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any Amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 and/or §371, of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the Application on which priority is claimed:

Prior Foreign Application(s):

Appln. No.	Country	Date Filed	Priority Claimed
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this Application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Appln. Serial No.	Filing Date	Status: Patented, Pending, Abandoned
		<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned
		<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned
		<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute the application entitled,

Apparatus and Method for the Distribution of Consumer Information

and to transact all business in the Patent and Trademark Office connected therewith:

HENRY A. MARZULLO, JR., Reg. No. 20,910;

HOWARD N. ARONSON, Reg. No. 27,302; and

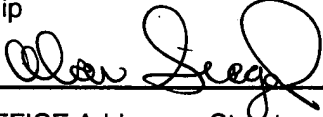

MYRON GREENSPAN, Reg. No. 25,680.

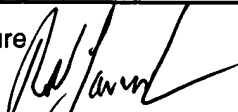
MARVIN FELDMAN, Reg. No. 25,797

Address all telephone calls to **HENRY A. MARZULLO, JR.**, at telephone number (914) 723-4300, or to the attorney executing the last document.

Address all correspondence to **LACKENBACH SIEGEL MARZULLO ARONSON & GREENSPAN, P.C.**
at **One Chase Road, Scarsdale, New York 10583 U.S.A.**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor Alan A. Siegel	Citizenship U.S. 
RESIDENCE Address -- Street 8510 South Bay Drive,	POST OFFICE Address -- Street SAME AS RESIDENCE
City (Zip) Orlando 32819	City (Zip) SAME AS RESIDENCE
State or Country Florida	State or Country SAME AS RESIDENCE
Date 8.4.00	Signature 

Full Name of Second Joint Inventor Rod Lowenstein	Citizenship U.S.
RESIDENCE Address -- 11 Briar Lane	POST OFFICE Address -- SAME AS RESIDENCE
City (Zip) Jericho 11753	City (Zip) SAME AS RESIDENCE
State or Country New York	State or Country SAME AS RESIDENCE
Date 8.4.00	Signature 

Serial or Patent No.:

Filed or Issued:

For: Apparatus and Method for the Distribution of Consumer Product Information**DECLARATION CLAIMING SMALL ENTITY STATUS**

[37 CFR 1.9(f) and 1.27(C)]

INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled

Apparatus and Method for the Distribution of Consumer Product Information
described in

X the specification filed herewith

___ Application serial no.

, filed on

___ Patent No.

, issued on

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☐ no such person, concern, or organization
☐ persons, concerns, or organizations listed below.*

Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

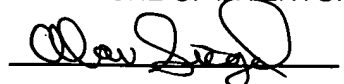
FULL NAME: SHAPE CD, INC. ADDRESS: 875 Avenue of the Americas, Suite 1811, NY, NY 10001	<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> SMALL BUSINESS CONCERN <input type="checkbox"/> NONPROFIT ORGANIZATION
FULL NAME: ADDRESS:	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SMALL BUSINESS CONCERN <input type="checkbox"/> NONPROFIT ORGANIZATION
FULL NAME: ADDRESS:	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SMALL BUSINESS CONCERN <input type="checkbox"/> NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified declaration is directed.

NAME OF INVENTOR

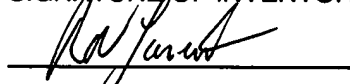
ALAN A. SIEGEL

SIGNATURE OF INVENTOR


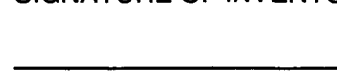
8.4.02
DATE

NAME OF INVENTOR

ROD LOWENSTEIN

SIGNATURE OF INVENTOR


8.4.02
DATE

NAME OF INVENTORSIGNATURE OF INVENTOR


DATE

Applicant or Patentee: Alan A. Siegel and Rod Lowenstein

Docket No.: P-5

Serial or Patent No.:

Filed or Issued:

For: APPARATUS AND METHOD FOR THE DISTRIBUTION OF CONSUMER PRODUCT INFORMATION

[37 CFR 1.9(f) and 1.27(C)]

SMALL BUSINESS CONCERN

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
☐ an official of the small business concern empowered to act on behalf of the concern identified below

NAME OF CONCERN: Sha pe CD, Inc.

ADDRESS OF CONCERN: 7380 Sand Lake Road; Orlalndo, FL 32819

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled:
described in

- ☒ the specification filed herewith
☐ application serial no. , filed:
☐ patent no. , issued

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME: Sha pe CD, Inc. ADDRESS: 875 Avenue of the Americas, Suite 1811, NY 10001	<input checked="" type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> SMALL BUSINESS CONCERN <input type="checkbox"/> NONPROFIT ORGANIZATION
FULL NAME: ADDRESS:	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SMALL BUSINESS CONCERN <input type="checkbox"/> NONPROFIT ORGANIZATION
FULL NAME: ADDRESS:	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SMALL BUSINESS CONCERN <input type="checkbox"/> NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified declaration is directed.

NAME OF PERSON SIGNING

TITLE

ROD LOWENSTEIN	PRESIDENT
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SIGNATURE

DATE

	8.4.00
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RESIDENCE ADDRESS

11 Davis Lane Oranle NY 11753
